

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023128

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 5 1963

3003

74

## 1. PLACE OF DEATH

a. COUNTY Barry

b. CITY (If outside corporate limits, give TOWNSHIP, only)  
OR TOWN Monett

Length of stay in 1b  
15 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 550 W. Logan

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Barry

c. CITY OR TOWN Monett

d. STREET ADDRESS (If outside, give location)  
1407 E. Bond

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Phyllis Jean Washburn

4. DATE OF DEATH  
Month Day Year  
June 28, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11/19/34

9. AGE (last birthday)  
28

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Monett, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Wayne Thomas

## 13b. MOTHER'S MAIDEN NAME

Azalene Crouch

## 14. NAME OF HUSBAND OR WIFE

Myrle Washburn

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Wayne Thomas, Monett, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

#### DUE TO (b)

\*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (c)

Myocardial degeneration, Congestive heart failure  
Chronic valvular heart disease  
Diabetes - Hemiplegia left  
INTERVAL BETWEEN ONSET AND DEATH  
4 yrs  
4 yrs

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 190-8 to June 28-63 and last saw her alive on 6-27-63  
Death occurred at 8:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

M.D.

22b. ADDRESS

Monett, Mo.

22c. DATE SIGNED

6/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
7/1/63

23c. NAME OF CEMETERY OR CREMATORY

IOOF Cemetery

23d. LOCATION (City, town, or county)

Monett, Missouri

24. FUNERAL DIRECTOR

ADDRESS

J. D. Buchanan, Monett, Mo.

25. DATE RECD. BY LOCAL REG.

7-1-1963

26. REGISTRAR'S SIGNATURE

Mrs. P.M. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

10055

20055

3

4 1

5 1

6

7 0

8 0

94214

10

11

12 90-0

13 20

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. R. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.